

# ACCOUNT APPLICATION FORM



## Company Details

Trading Name..... Co. Reg. No.....  
Address..... VAT. Reg. No.....  
.....  
Postcode..... Tel No..... Fax No.....  
Delivery Address (if different).....  
.....  
Invoice Address (if different).....  
.....

## Register Name (if Different)

Trading Name..... Address.....  
.....  
Postcode..... Tel No..... Fax No.....

## Contacts

Buyer..... Accounts.....  
Telephone..... Telephone.....  
E-mail..... E-mail.....

Ltd Co : Yes/No

Partnership: Yes/No

Sole Proprietor:: Yes/No

## Trade references

Company One.....  
Address.....  
.....  
.....  
Tel..... Fax.....

## Trade references

Company Two.....  
Address.....  
.....  
.....  
Tel..... Fax.....

## Bank Details

Bank Holding Main Account.....  
.....  
Sort Code..... Account Code.....  
Name Of Account..... How Long Held.....

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<b>If non Ltd please give the home Address of Owner/ Partners</b>	<b>Name Of Executives</b>	<b>Titles (MD, Sole Pro- prietor, etc)</b>
1/	1/	
	2/	
2/	3/	
	4/	

<b>Date Of Company Formation</b>	<b>Country/Registration</b>	<b>Extent Of Credit Required</b>
<b>Date of financial year end.</b>	<b>Method For Settling Account (Cheque, Credit transfer etc)</b>	<b>Are you Registered for VAT</b>

**SIGNED BY AUTHORISED SIGNATORY IN ACCEPTANCE OF OUR TERMS AND CONDITIONS**

Signature.....Print Name.....Date.....

Position.....Telephone.....

E-mail.....  Please tick this box if you would like to be included in our future emailing list for information on our products, services, promotions and competitions.

Please return the completed form to: **MULTI FACTOR EUROPE LIMITED**, Hamilton House, Rackery Lane, Llay, Wrexham. LL12 0PB  
**Tel: 01978 855995 Fax: 01978 855222**

**\*\*\*\*\* (MULTIFACTOR ACCOUNT ONLY) \*\*\*\*\***

Initial Order No		Required Date		Value Nett	
				Value Gross	
Date Application Sent		Delivery Address			
Contact					
Type	COMP G	F/L G	IND G	region	
Territory		Route			

Initial credit limit		Authorised by		Date
Account opened by				Date
Notified Sales Acc Open				Date